

MULTIPLE PERIOD CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 110-570)

SEARCHED
10/10/05
APPLICANT

TECHNICAL

NO.	AS FILLED		AFTER ALKOHOLIC TREATMENT		AFTER ALKOHOLIC TREATMENT	
	NO.	OC.	NO.	OC.	NO.	OC.
1					1	
2					1	
3					1	
4					1	
5					1	
6					1	
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40					1	
41					1	
42					1	
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL PHO.					3	
TOTAL EPA.					7	
TOTAL TPIA.					10	

	CCO.	CCR.	CCO.	CCR.	CCO.	CCR.
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97						
98						
99						
100						
TOTAL 100%	4.					
TOTAL 0%		4.				
TOTAL						